

Congressman Chris Stewart, District 2 Consent for Release of Personal Records/On Behalf Of

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until this matter is resolved.

Authorized Rep	oresentative:			
Name:				
	First	Middle	Last	
Address:		Ci	y:	
State:	Zip:	Primary Ph	one: ()	
Email:			□ Home □ Cell □ Worl	K
Claimant/Benef	ficiary:			
Name:				
	First	Middle	Last	
Date of Birth:	Social Security Number:			
Case, File or Reg	gistration Number:			
Type of issue and	d agency you are work	ing with:		
Are you working	g with another Congress	sperson/Senator? □ Yes □ N	No Who:	
Are you working	g with legal counsel?	l Yes □ No Who		
Do you have any	pending issues with the	ne IRS? □ Yes □ No		
Have you been c	charged with any crimes	s? □ Yes □ No		
correct informatio	on regarding my situation	of Congressman Stewart and his . Failure to disclose all informa nay result in the discontinuance (e and
Author	ized Representative Signature	gnature	Date	

Please return form to:

It is critically important for you to provide a detailed explanation of the problem and a timeline of related events on this or another paper. In addition, if you answered yes to any of the questions on the previous page, please provide a detailed explanation.			
Summary of Problem:			